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## Original Articles.

### WHAT SHALL WE DO FOR OUR TYPHOID FEVER PATIENTS?\*

BY JAMES SAMSON, M.D.

As an excuse for presenting this very brief paper, I have to submit, first, that the subject is always one of importance at this season of the year, and second, that I have never had an opportunity of hearing the question discussed by as representative a class of practitioners as the members of the Detroit Medical and Library Association. So long as the latest published statistics report 2,530 cases of typhoid with 402 deaths in a year in about three-fourths of the State of Michigan, so long will this melancholy question be rich in professional interest. I have chosen such a name for the paper as will dispose of all chance for any speculative theories entering the discussion as to the origin of the disease and the history of the germ proper to it, with the modes of its primary operations.

I have simply propounded the inquiry: What shall be done with the patient whose symptoms are those of typhoid fever? Well, by all odds the most important thing to do for him is to rediagnose his case, to make it as nearly absolutely certain as possible that his disease *is* the one suspected; and I would emphasize the statement that the wonderfully decreased mortality-rate in enteric fever would be still considerably lessened if the suggestion I have now made were never forgotten but always most systematically observed. It is so easy, especially at certain seasons of the year, to suspect the typhoid contagion, and so very easy to be mistaken, that the physician's first visit is one of intense interest to his patient, especially with the possibility of something being done now that cannot again be undone. And, too,

how often is something else diagnosed and the true virus overlooked, to the detriment and danger of its victim. In twenty years of practice I have seen too many cases of meningitis treated for typhoid fever and hurried to their fate by the mistake, and I know that I have seen more than one case of miliary tubercle carried through weeks of typhoid treatment and left to die with what bereaved friends still suppose was the sequela of a disease that never existed. A deeply seated abdominal abscess has often been named typhoid till the inevitable symptoms began to call out too loudly; and I have seen one stubborn case of continued fever that was really pus in a pleural cavity. We all, I suspect, have seen typhoid patients that were being steadily poisoned with quinine, and so-called typhoid patients that were well-nigh dying for want of it.

Believing as I do that quinine is always injurious to a typhoid patient, it is, I repeat, very important that enteric fever should never be treated as malarial disease—and the distinction, though sometimes difficult, can always or almost always be made pretty positively quite early in the case. The best possible treatment for malarial fever is about the worst possible for typhoid, and the best possible treatment for typhoid is absolutely useless in malaria. It is never necessary, I believe, to diagnose between typhoid and typho-malarial fevers. *There is no such disease as typho-malarial fever!* But if I am mistaken in this conclusion, and if it be true that the united effect of these two poisons in the same body will result in so mitigating the influence of either poison as to produce a less deadly attack than would either of them alone, then there is surely one law in nature differing from all others.

So thoroughly am I assured from my own observations and experience that about the most common error made in the profession is in the diagnosis of typhoid fever, that I would suggest that, except in an epidemic of the

\* Read before the Detroit Medical and Library Association.

# WHAT THE NEWER THERAPEUTIC PROCEDURES HAVE DONE FOR NEUROLOGY.\*

BY WILLIAM C. KRAUSS, M.D.

The epoch in which we live may well be called the sky-rocket period of the Nineteenth century. Men, like methods, approach their zenith with an increasing roar and sparkling brilliancy, and as suddenly fade, to fall with dull and heavy thud. What was yesterday a seemingly brilliant success becomes to-day a glittering failure, and the shores of time are laden with the wrecks of "wonderful discoveries." Hypnotism, suspension, and the method of Brown-Séquard have each enjoyed their sky-rocket experience, and the impressions which they left after spending their force is what I shall attempt to elucidate in this paper.

The first reports of the method of Brown-Séquard read like a fairy tale, and the "Elixir of Life," so-called, seemed to be the magic fluid that philosophers had vainly sought for during centuries. No doubt Brown-Séquard was perfectly honest in the thought that he had invented a method unsurpassed and hitherto undiscovered, but on searching the alcoves of the National Library of Paris several brochures have been found, written by Dr. Mizauld, which contain much of interest if not of actual worth. This physician lived in Paris in the Sixteenth century, and the following passage must certainly establish for him a certain right to priority in favor of a method which, sleeping for more than three hundred years, was re-awakened by Brown-Séquard:

"If the genital organs of a red bull be bruised in a mortar and taken by a woman in some wine or soup, it will give her a disgust for love, while, to the contrary, the same beverage taken by a debilitated man will re-awaken his amorous desires."

Certainly nothing more explicit was said in the famous communication to the Société de Biologie of Paris, of June 1st, 1889.

It seems that Brown-Séquard had been at work on this project for many years, for in 1869 he expressed a belief if it were possible to inject spermatic fluid into the

veins of old men, they would experience a rejuvenation—sexually, mentally, and physically. After repeated experiments upon rabbits, dogs, and guinea-pigs, in a true scientific spirit he injected some of the testicular fluid into his system, and his experiences and results form the most interesting part of his memorable communication:

"The author of this communication, now 72 years old, has for the past twelve years watched his physical powers slowly and continually decline. The laboratory work has become laborious and heavy, and after each meal I have been obliged to take a short nap. After the third injection a complete change took place. The work in the laboratory has become agreeable, not the least fatiguing, and after three and a half hours of such work I have been able to edit a memoir. The dynamometer showed an increase of 6.7 kilogrammes; the bowels regained their former activity; and, in short, I have regained all that I have lost."

For some time the most enthusiastic reports were received, especially from Hammond, Loomis, and Brainerd in this country, D'Arsonval, Villeneuve, Mairat, Gley, Hirschberg, and Egasse in France; Marro, Rivano, Ventro, Copriati, and Mosso in Italy; Owspenski in Russia, and a host of other observers, each one eager to "land his results on the ground floor." The diseases treated were general debility, locomotor ataxia, insanity, impotence, cholera, tuberculosis, cardiac weakness, nervous dyspepsia, lumbago, hemiplegia, myalgia, neurasthenia, etc. All of these affections were apparently cured or else greatly benefited by injections of testicular juice, that is, in 1889 and 1890.

Gradually the reports became less numerous and less encouraging, save those which came from the master himself and some of his former pupils. Perhaps the greatest check to this movement was the fact that Charcot and his pupils refrained from using these injections, or, at least, never gave it their sanction. Negel, of Jassy, France, has recently reported his experience with this fluid, and in a large number of varied affections of the nervous system treated, failed to obtain any results whatever. Pulawski, of Warsaw, Poland, made a series of experiments upon twelve cases, and came to the following conclusions:

\* Read before the Buffalo Academy of Medicine, October 10th, 1893.



"Local pain and abscess formation; fever with chills; no specific action; subjective and positive amelioration were dependent upon suggestion."

Copriati studied the effect of testicular juice in four cases of insanity, and found it had no dynamogenic influence on the nerve centres, being limited to temporary stimulation of the nervous system. The unkindest cut of all was the report of Féré, one of the ablest of French neurologists, who, at the request of D'Arsonval, gave the method a thorough trial at the Bicêtre hospital; and in his communication to the Société de Biologie, just four years after Brown-Séquard's, he in unmistakable language disapproved of the method, and cited nine cases in which absolutely no results were obtained. Ovarian juice has, according to Brown-Séquard, given results similar though less marked than those of testicular fluid.

Spermin is a derivative of Brown-Séquard's testicular juice, and its action seems to be similar. It is claimed to act upon the motor areas of the cerebro-spinal axis, increasing strength of arms and legs, regulating sexual, urinary, and digestive functions, and improving general sensibility.

Brown-Séquard's method to-day is not used by neurologists either in America or Europe, but is still being experimented with by its champion and his pupils, apparently with good results in a certain class of *functional* nervous diseases.

Following closely upon this method of treatment, Gley decided to inject the juice of thyroid glands in dogs deprived of these organs, and, found, instead of dying, they recovered without serious difficulties. In the human family it has been found after removal of the thyroid gland through disease, that a certain train of symptoms will develop, which have received the name of myxœdema, a disease characterized by swelling of the face, body, and extremities, loss of hair, subnormal temperature, etc. Horsley attempted to transplant the thyroid gland of animals to these patients, and met with partial success. Murray, of Newcastle, then injected hypodermatically a glycerin extract, his efforts being rewarded with beneficial results. Brown-Séquard and D'Arsonval were conducting similar experiments about the

same with equally good success. It was found, however, that the injection of this substance was followed in many cases by pain, inflammation, and abscess formation. To overcome these hindrances, Fox and Mackenzie advised treatment of myxœdema by feeding with sheep's thyroid, and the results seem to be every way satisfactory.

The writer, with experience in two cases of myxœdema, has been unable to attain anything like the results claimed by the English and French writers. In fact, his experience has been negative, and not even obtaining temporary improvement.

MacAlister, of England, has treated cases of pseudo-hypertrophic paralysis with injections of thymus gland extract; also a case of lymphadenoma with a mixture of red and yellow marrow, with seemingly good results.

Dieulafoy, of Paris, has injected extracts of the cortical portion of the kidney into patients suffering with Bright's disease. He proposes the name Nephrine for this particular fluid.

Comby and Dieulafoy have also injected an extract of pancreas in cases of diabetes, with temporary good results.

Following the footsteps of Constantin Paul, of Paris, an American experimenter has injected a large list of specific agents into our *vis medicatrix*. *Cerebrine*, *medulline*, *cardine*, *ovarine*, *testine*, *musculine*, etc., are the newly-coined words which describe these preparations. I need not repeat what has been claimed for these; their virtues and efficacy have been extolled by being published in nearly every medical journal of America.

I have tried to give *cerebrine* a good, fair trial, have used it in two cases of locomotor ataxia, two of epilepsy, two of neurasthenia, and one of general debility; but not one reported improvement; not even did a reaction set in.—The only visible effect was the disappearance of the patients.

Doctor G. Archie Stockwell, in an interesting paper published in the Medical News, August 26th, 1893, described his experience with two rival cerebrines, and a mixture of borax, glycerin and water, and arrived at the conclusion that "the three preparations are equally efficacious, or rather equally inert for good or evil." Negel, of Jassy, also experimented with cerebrine without any ap-

preciable results. Negative results, when reported, have a greater significance than the positive, because many observers are unwilling to parade their failures in the medical press; besides, many editors are averse to publishing articles detrimental to their advertisers.

My conclusions, then, in regard to the "animal extracts," are: That since recent experiments fail to corroborate the results obtained immediately after the introduction of Brown-Séquard's method, the whole matter must be left open for further investigation: That many of the results obtained were due to "suggestion" and "auto-suggestion," and that no specific action has been discovered.

In regard to the treatment of myxœdema, although my results were negative, I believe there is some virtue in the various methods of introducing thyroid glands into these patients, but the disease must be of recent standing and the patient not advanced in years.

As to the injection of the *i-n-e* compounds, I believe that it is all ROT! I cannot be convinced that injections of musciline will cure an atrophied muscle due to destruction of the ganglion cells of the ventral horns of the spinal cord; that medulline will cure a sclerosed cord; or that cerebrine will cure apoplexy cerebri, perhaps the most common form of brain disease.

Just recently there has appeared a work by Chéron, of Paris, who writes pointedly on this subject. He says:

"All liquids, when introduced under the skin, produce identical effects, provided they are not toxic and have no specific toxic action. They increase arterial tension, and, in the diseases in which these fluids have been used, a degree of hyper-tension has existed, which being relieved by injections, temporary results have followed."

Raymond, a pupil of Charcot, while studying the Russian University system in 1888, discovered Motchouskowski, of Odessa, suspending his cases of locomotor ataxia with beneficial results. Motchouskowski had himself discovered this method by accident in 1883, and, although published at that time, it had been entirely unheeded and forgotten. It was found that the lancinating pains, vesi-

cal and sexual disorders, eye symptoms, and ataxic gait would yield when all other remedies failed. On returning to Paris, this method was tried secretly by the *internes* at the Salpêtrière, and, after obtaining satisfactory results, was divulged to Charcot, who at once instituted a thorough trial. I had the pleasure of being in Paris at this time, and saw and examined many of the patients thus treated. New treatment gives new results, and many of the old staggers declared they were much improved and getting well. Charcot never claimed that suspension would cure locomotor ataxia, or any other organic disease of the cord, but this report gained ground, though the method soon fell into disrepute. All that was claimed was that it would relieve some of the terrible symptoms; and now, five years after its re-introduction to the profession, let us see what is still claimed for it.

Von Bechterew, perhaps the foremost Russian neurologist, says in *Neurologisches Centralblatt*, Sept. 15th, 1893:

"The suspension treatment has continued to exert a favorable influence on all cases thus far treated; particularly beneficial has it been in locomotor ataxia, spinal syphilis, transverse and central myelitis, compression myelitis, and compression of the spine. In some of these cases it has produced seemingly permanent good results, as nearly a year has elapsed and the patients still enjoy good health."

In the same journal, April 1st, 1893, he recounts the favorable influence it has upon the optic nerve in spinal-cord affections. Sprymon has had similar good results in locomotor ataxia and myelitis. Benedikt, of Vienna, another leader of neurological thought, in a number of severe cases of tabes had apparently astonishing results: Patients who were quite powerless to walk or stand were enabled to take long promenades with, and sometimes without, a cane; neuralgic attacks seemed to be more often influenced by this method than any other train of symptoms.

Bonjour, of Zurich, in treating eighteen cases, thirteen of which were locomotor ataxia, obtained excellent results in the alleviation of some of the symptoms in every case. Duncan, of Glasgow, recently reported a case of locomotor ataxia with considerable



improvement. Bogroff, of Paris, likewise reports success. Gray, in a recent work on nervous diseases, adds:

"Suspension, indeed, is a new fad that has certainly effected a temporary improvement in all the symptoms of some cases, often to a wonderful degree. Thus, in one case of my own, in the last stages of the disease, this remedy was tried as a last resort, and, incredible as it may seem, the patient, after two suspensions, got out of bed, which he had not left for weeks, and walked down several flights of stairs."

Other favorable results have been obtained by Rumpf of Marburg, Althaus of London, Mendel of Berlin, and a host of others high in neurological circles. Hirt, in his admirable text-book, recently translated into English, has had a somewhat monotonous experience: He treated 114 cases of locomotor ataxia (eighty-nine men and twenty-five women) by suspension, yet—

"In no single instance," says he, "was I able to note any marked or lasting improvement, and in no case was either the general condition of the patient or the course of the disease influenced for the better; nay, even in the individual symptoms, no decided improvement could be perceived."

This experience is rather surprising, because, coming from an observer so keen, he certainly would have detected results had they been forthcoming.

My own experience has been very satisfactory, partly because I did not expect to see cases cured in a few days, and partly because I would advocate this mode of treatment only as a last resort, and was content with any relief, however slight. I treated three cases of locomotor ataxia, two of hemiplegia, three of railway spine, two of neurasthenia, and one of multiple sclerosis of the cord. One case of locomotor ataxia, a prominent business man in this city, came to me with all the characteristic symptoms of this disease, such as Romberg's, Westphal's, and Argyll-Robertson's symptoms, ptosis, strabismus, lancinating pains, ataxic gait, vesical and sexual disorders, stomach crises, etc.—surely a typical case of tabes. He was given suspension three times weekly, and spinal galvanism; and after five months I found the tabetic symptoms had all disappeared, save the myosis. Even the tendon

reflexes had returned, though not to their normal intensity. To-day he is at his work, thoroughly convinced that he has been cured of locomotor ataxia. Occasionally he comes to be suspended, and on each occasion I find his condition improving. I would not dare claim he has been cured or permanently benefited, because I cannot believe that a spinal cord once sclerosed can be cleared up, any more than a hobnailed liver can be repaired. The other two cases of ataxia were temporarily benefited, especially the gait and pains. One case of hemiplegia recovered splendidly, surprising even herself; the other case died before results were attained. The case of multiple sclerosis grew worse, if anything, while the cases of railway spine and neurasthenia did well and, supplemented by other treatment, recovered.

From all these reports, with the exception of Hirt's, we are justified in saying that suspension has done all that was promised for it—sometimes more. When we consider how exasperating are some of the symptoms of locomotor ataxia, the least palliation afforded should be gladly embraced and thanks returned. I doubt whether suspension will ever disappear entirely as a therapeutic procedure in the treatment of spinal-cord diseases.

Hypnotism, or "suggestion," is another method which at different times has claimed the attention of experimentors, but not until recently as a therapeutic agent. The "animal magnetism" of Mesmer, "hypnotism" of Braid, and "suggestion" of Charcot constitute a brief history of the development of this strange phenomenon. Each of these did much to unravel the mysteries surrounding this agent, but to Charcot must be credited the giving to it a certain respectability. Liebault, Liègeois, and Bernheim must be commended for their zeal and interest, but Luys has plainly carried it beyond the limit of science and truth. Time will not permit of discussion of the various stages, the different methods, or the points of difference between the Charcot and Nancy schools; I may only indicate its applicability and the results to be expected. I need not recall the wonderful results obtained by observers, the world over, during the years 1886-1890; how long-standing chronic diseases of the

brain and cord disappeared like dew before the sun, or how in it was found a panacea for all human ills. These much-desired qualities were, however, of very short duration, for when crucial tests were applied hypnotism or "suggestion" quickly found its proper sphere.

Hypnotic suggestibility depends first upon the presence of extreme instability of the cellular nervous elements, and, second, upon a weak power of inhibition or control of the activity of these elements. Persons of a low order of intellect are not favorable subjects for hypnosis; neither are persons of a strong individuality, nor the insane. The class most favorable are the hysterical, because they can be easily hypnotized, and because the disease requires a treatment which appeals directly to the perverted action of the cerebral centres. It surely is not indicated for exhibition purposes, or for the treatment of any nervous disease or state unless all other remedies have been exhausted; even in hysteria this holds equally true. Binswanger, of Jena, in reviewing the literature of hypnotism, finds the best results were obtained in hysterical insanity, but in a number of cases of melancholia and in chronic alcoholism hypnotic suggestion had marked success. Berillon, in treating 300 cases, one-third of which were hysterical, had good results in almost all. Collins of New York, Dujardin-Beaumetz of Paris, and many others, have had good results in hysterical conditions, and uphold the Charcot doctrine. Almost every functional nervous disorder, and many of the organic diseases of the nervous system, have been benefited. My cases were all of hysteria, generally of the dull phlegmatic temperament. Neurasthenia and the excited states are rarely benefited. I agree with Berillon that hypnotism is indicated in the spasmodic attacks of grave hysteria and the paralysis following, in mono-symptomatic hysteria, in ordinary hysteria, and in hysterical insanity.

In conclusion, I repeat that hypnotism is of the greatest therapeutic importance in some cases of hysteria, but that its use should be delayed until it is absolutely demanded.

382 Virginia Street, Buffalo, N. Y.

## Correspondence.

*To the Editor of the MEDICAL AGE:*

In your issue of November 10th you speak of post-partum hæmorrhage, which calls to mind a means that, though never seen described, I discovered intuitively, so to speak, over twenty years ago, and has since enabled me to approach cases of this character with most gratifying confidence.

The object to be attained, of course, is the prompt and immediate arrest of the hæmorrhage, which Nature usually secures by contraction of the uterus. Therefore if Nature fails, let the physician endeavor to secure the same result. This can be done by passing the right hand boldly up to the placental site (which is readily discovered by sense of feeling), making a few sweeps with the back of the hand over the bleeding sinuses, at the same time inducing counter-pressure with the left hand. Hold the parts with double grasp until the right hand is expelled by a powerful uterine contraction.

By this method the physician is in immediate and absolute control of the situation, and all the leading indications are at once met. Ergot, strychnine, cannabis Indica, muriate tincture of iron, black haw, hydrastis, cold, or any other remedy or remedies, singly or combined, fail to act with the celerity and energy upon all the parts engaged in the uterine contraction as does the presence of a body within the uterine cavity of the size of one's fist. Furthermore this method controls hæmorrhage prior to uterine contraction by causing (forcing) the uterine sinuses to collapse by manual pressure.

Very truly yours,

T. SHAW, M.D.

Ypsilanti, Mich., Nov. 25th, 1893.

## PUBLIC SCHOOL PHYSIOLOGY.

The following is a verbatim reply in a written examination of a public school student: "The heart is a comical shaped bag. The heart is divided into several parts by a fleshy petition. These parts are called the right artillery, left artillery, and so forth. The function of the heart is between the lungs. The work of the heart is to repair the different organs in about half a minute."